

OFFICE USE ONLY:

Prisoner Number:

ERD:

Location:

**MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM NOTIFICATION REQUEST FORM
(Please Print)**

This form should be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to prison. Once the MDOC has received the defendant and your request, we will send you a letter acknowledging the receipt of your notification request. Please contact the Crime Victim Notification Unit should you have any questions from 8:00 a.m. to 5:00 p.m. Monday through Friday. In addition, you may also access our web site 24 hours at www.michigan.gov/corrections to retrieve additional information.

Please mail your request to: MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM NOTIFICATION UNIT
P.O. BOX 30003
LANSING, MI 48909
(517) 373-4467 LOCAL, (877) 886-5401 TOLL-FREE, (517) 335-0287 FAX

INMATE INFORMATION: Please provide as much information as possible. A separate notification form for each inmate/offender.

| | | | | |
|------------------------------|--------------------|--|------------------|------|
| Inmate Name: Last, First, M. | | | Inmate #: | |
| D.O.B. | Soc. Sec. #: | | Race: | Sex: |
| Court Case #: | Sentencing County: | | Sentencing Date: | |
| Offense Convicted of: | | | | |

Is the Victim Deceased? Yes ☐ No ☐

Is the Victim a Minor? Yes ☐ No ☐

VICTIM INFORMATION: The victim or a designated representative may receive notification. If a designated representative is chosen, he or she must complete and sign this form.

| | | |
|---|---------------------------|--|
| Victim Name: Last, First, M.: | | |
| Person requesting notification, if other than victim: | | |
| If other than victim, please state relationship to victim: | | |
| Please list your relationship to the defendant: | | |
| Address: | | City: State: |
| Zip Code: | **Primary Phone: () | **Secondary Phone: () |
| <p>** It is <u>imperative</u> we have a phone number to contact you in the event of an unanticipated release. We will need to speak with someone directly, therefore, please <u>do not</u> indicate any pager numbers/extension numbers. You will automatically be registered to receive automated notification through M.C.V.N.N. (Michigan Crime Victim Notification Network).</p> | | |
| <p>Are you currently being threatened by the defendant?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you currently have a Personal Protection Order against the above prisoner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | <p>If you do not want any telephone contact or written correspondence from the above prisoner, please contact the Warden at the facility where the prisoner is being housed.</p> <p>If you need assistance in locating the facility or phone numbers, please contact the Crime Victim Notification Unit at (877) 886-5401 Toll Free.</p> |
| Victim/Requestor's Signature: | | Date: |

CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT